



# 2024-2025 MAEOP MEMBERSHIP APPLICATION

Missouri Association of Educational Office Professionals

Membership Year July 1, 2024 to June 30, 2025

\_\_\_New Member\_\_\_Renewal\_\_\_Retiree

Annual Membership Dues: \$15

Name \_\_\_\_\_  
(Last) (First) (MI) (Maiden Name)

School District \_\_\_\_\_ Job Title \_\_\_\_\_

\_\_\_\_\_  
(Office Address) (City & County) (State) (Zip+4)

\_\_\_\_\_  
(Office Phone) (Office Fax) (Office Email Address)

\_\_\_\_\_  
(Home Address) (City & County) (State) (Zip+4)

\_\_\_\_\_  
(Home Phone) (Home Fax) (Home Email Address)

Birth day \_\_\_\_\_  
(Month/Day)

Please send the Show-Me newsletter and all announcements to:  Work Email  Home Email

Have you been a member of MAEOP at any time previous to this year? \_\_\_\_\_

What year(s): \_\_\_\_\_ Under another name: \_\_\_\_\_

Are you a Past President? \_\_\_\_\_ What year(s): \_\_\_\_\_

Are you a member of a local Association of Educational Office Professionals? \_\_\_\_\_

Name of local association: \_\_\_\_\_

Are you a member of the National Association of Educational Office Professionals? \_\_\_\_\_

Do you hold a PSP? \_\_\_\_\_

Certificate / Highest Level: \_\_\_\_\_

Date Received: \_\_\_\_\_

Have you received the distinction of CPS? \_\_\_\_\_

Date Received: \_\_\_\_\_

Have you received the Distinction of CEOE? \_\_\_\_\_ Date Received: \_\_\_\_\_

PLEASE SEND THIS COMPLETED APPLICATION WITH A CHECK OR MONEY ORDER MADE PAYABLE TO MAEOP TO:

Lisa Shelton  
Excelsior Springs School District #40  
300 W. Broadway  
Excelsior Springs, MO 64024

Can also pay via PayPal (\$2 processing fee) online at <https://maeop.net>

This membership will allow the member rate registration for both the 2024 Fall Convention and 2025 Spring Workshop